



STATE
OF
GEORGIA

Application for RECORDS DISPOSITION STANDARD

OFFICE OF SECRETARY OF STATE
DEPARTMENT OF ARCHIVES & HISTORY
RECORDS MANAGEMENT DIVISION

PAGE
1

1. Application Date September 21, 1973	INSTRUCTIONS: See separate instructions for completion of front and reverse of this form. Sign original and two copies and forward to Department of Archives and History, Attention: Records Management Officer.	FOR RECORDS MANAGEMENT DIVISION USE	
2. Agency Application No. DHR-DMH-5		Date Received	Application No. 73-552
3. AGENCY, Division, Subdivision & Administering Office Address Department of Human Resources Division of Mental Health Room 535 H 47 Trinity Avenue, S. E. Atlanta, Georgia 30334		4. Person to Contact Charles Braden	
		5. Working Title Div. Admin. Officer	6. Tel. No. 656-4908

7. ACTION REQUESTED

☒ ESTABLISH DISPOSITION STANDARD;
RECORD WILL CONTINUE TO ACCUMULATE. ☐ DISPOSE OF PRESENT ACCUMULATION;
NO FURTHER ACCUMULATION ANTICIPATED.

8. Earliest & Latest Dates of Series 1951 - date	9. Exact Series Title PSYCHOLOGY CASE FILES (Agency Common Standard)
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10. What is the function of the office in which this record series is created?
- Mental Health Hospitals provide a clinical and administrative framework within which appropriate treatment programs in one or more of the following categories: mental illness, mental retardation, alcoholism or drug abuse, can be implemented for persons needing these services. In conjunction with the service programs certain institutions may also carry out programs in training or research, or both, in one or more of the above mentioned categories.

The Psychology Department of a Mental Health Hospital is responsible for the psychological evaluation of patients to include an assessment of intelligence, personality traits, diagnosis and recommendation for treatment and disposition of patient.

THIS IS AN AGENCY - WIDE COMMON STANDARD

11. This file contains the following documents (include form numbers and titles, if any, and file arrangement).

Documents relating to the psychological evaluation of patients and recommendations for treatment or disposition of patient.

Included may be: WISC Record Form, WAIS Record Form, Wide Range Achievement Test, The MMPI answer sheet and profile, MSH #455, Psychological Consultation form, CSH #508 Psychology Department Progress Note; Interview form (mimeographed), Psychological Screening Report (mimeographed), Kincannon (mimeographed), Bender Gestalt Test Score sheet; and underaged screening form, (and many other tests are used occasionally.)

The file is arranged alphabetically by patient.

ATTACH SAMPLES OF THE FILE

12. EQUIPMENT OCCUPIED	No. of Drawers	Cu. Ft. of Records	ANNUAL RATE OF ACCUMULATION	No. of Drawers	Cu. Ft. of Records		
Letter-size File Drawers	104*	156*		10	15		
Legal-size File Drawers			Floor Space Occupied (Square Feet)	In Office(s)	In Storage Area(s)		
* NOTE: Figures at this item are based on Central State Hospital and are greater than those of the other current 9 mental hospitals.			AVERAGE DAILY REFERENCES	This Year's	Last Year's	Preceding Year's	All Prior Years
				20	20	20	15

QUESTIONNAIRE Place an "x" in the proper column. If answer is "YES," please explain.

- | | YES | NO |
|---|-------------------------------------|-------------------------------------|
| 13. Is this the Record Copy of the series? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 14. Is there a duplication of this series in another office or agency? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 15. Is the information contained in this series ever summarized or published?
Attach copy of summary or publication. | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 16. Does the series contain classified information requiring security handling? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 17. Does the series initiate, amend or terminate agency policies and procedures? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 18. Could the function be performed if the files were lost or destroyed? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 19. Is the series (or major portion of it) regularly microfilmed? If yes, why? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 20. Does the record series provide data as input to an EDP file? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 21. Does the record series contain documentation produced as EDP printout? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 22. Has the Federal Government issued instructions governing the retention/disposition of these files? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 23. Will there be a need for these records 10, 15 years from now? If yes, what? | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

24. REQUIREMENTS. The following requires the files to be kept 35 years:

- a. ☐ STATE LAW b. ☐ STATUTE OF LIMITATION c. ☐ AUDIT PERIOD d. ☐ FEDERAL LAW e. ☒ ADMINISTRATIVE DECISION f. ☐ HISTORICAL VALUE
(Cite Law, Statute, or other reason for the retention requirement)

To aid in research and to be in conformance with patient medical records.

25. AGENCY RECOMMENDATIONS. This agency recommends that the file series be cut off at the end of each - ☐ CALENDAR YEAR - ☐ FISCAL YEAR - ☒ OTHER SEE BELOW, then:

- ☐ Hold in the current files area month(s)/ year(s):
☐ Transfer to ☐ State Records Center ☐ Local Holding Area; hold year(s):
☐ Destroy.
☐ Transfer to State Archives for permanent retention.
☐ Destroy immediately after cut-off.
☒ Other: (Specify) When patient is dismissed or dies, place all papers in the inactive file; then cut off the inactive file at the end of each calendar year, then hold in current files area 2 years; then transfer to Local Holding Area, hold 5 years then transfer to the State Records Center, hold 28 years; then destroy. Earlier destruction in lieu of transfer to Records Center is authorized at the discretion of hospital superintendent.

(Indicate briefly rationale for recommendations above/or write additional remarks):

Records Management Officer (Signature) <i>William G. Lee</i>	Date <u>Sept 24, 1973</u>	OTHER REQUIRED SIGNATURES <i>Charles H. Braden</i>	DATE <u>Sept 24, 73</u>
26. Recommendations in paragraph 25 are: <div style="border: 1px solid black; padding: 2px; display: inline-block;">STATE RECORDS COMMITTEE</div>		Agency Head/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved State Auditor/Designee <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Secretary of State/Designee <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved Attorney General/Designee <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	

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Records Management Officer (Signature)	Date	OTHER REQUIRED SIGNATURES	DATE
<i>William G. Allen</i>	<i>Sept 24, 1973</i>		
6. Recommendations in paragraph 25 are:	Agency Head/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Charles V. Brading</i>	<i>11-24-73</i>
	State Auditor/Designee <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>William M. Dixon</i>	<i>11-24-73</i>
	Secretary of State/Designee <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Carroll R. Hest</i>	<i>11-19-73</i>
	Attorney General/Designee <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	<i>Robert J. Hest</i>	<i>11-24-73</i>

STATE RECORDS
COMMITTEE